**Controlled Substances Annual Inventory Record**

(Use a separate line for each container)

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| **CONTACT INFORMATION** | | | | | | | |
| **Registrant Name:** |  | | **Date:** | |  | | |
| **DEA Registration #:** |  | | **CSL #:** | |  | | |
| **Time:** |  | | **AM**  **PM** | | | **Open of Business**  **Close of Business** | |
| **Person Completing Inventory:** |  | | **Signature:** | |  | | |
| **Schedule(s):** | **I and II** (Must use separate record) | | | | **III, IV, and V** | | |
| **CONTROLLED SUBSTANCE ANNUAL INVENTORY** | | | | | | | |
| **Controlled Substance** | **Form** | **Strength** | | **Quantity** | | | **Comments** |
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* **Add more lines as necessary**